Provider Complaints Summary Report

BAYOU HEALTH Reporting

Health Plan Name: Louisiana Healthcare Connections

Document ID: PI182 Revision Date: 11/01/2013

Document Name: PROVIDER COMPLAINTS SUMMARY REPORT

Health Plan Contact: ***

Reporting Frequency: Monthly

Contact Email: ***

Health Plan ID:

Report Due Date: 15th of the month following end of reporting period

Report Period Start Date: 1-Mar-14

File Type: Excel

Report Period End Date: 31-Mar-14

Subject Matter: Informatics (I)

	Claims Processing	Reimbursement Rates	Prior Authorization	PCP Linkages	Provider Enrollment and Credentialing	Lack of Access to Providers or Services	Provider Directory	Lack of Information /Response	Other	Total
# complaints received this month	48	11	8		21			4	6	98
# complaints resolved this month	75	10	9		21			7	11	133
# complaints pending over 30 days*	11				9				1	21
# complaints pending over 90 days*	2									2
Total complaints received YTD	228	22	26		61		2	13	18	370
Total complaints resolved YTD	278	20	31		50		2	14	19	414
# complaints pending over 30 days YTD*	52				5	3	3	3	8	74
# complaints pending over 90 days YTD*	3		1							4

Formal Claims Disputes YTD	Received	Pending		Resolved with change to original payment
First Level Review	273	19	266	19
Second Level Review				
Arbitration				

^{*} Please note

This report was based on LA Healthcare Connections' understanding of the current report specifications provided by DHH.

The report programming is still under review, thus any changes may result in resubmission of the report.

This report should not be used for comparative purposes until all reporting format and specifications have been finalized.

^{*}Each complaint pending over 30 days for this calendar year must be shown on worksheet "A1 30+ days".